



North Carolina Department of Health and Human Services
Division of Facility Services
Acute and Home Care Licensure and Certification Section
2712 Mail Service Center
Raleigh, North Carolina 27699-2712

Michael F. Easley, Governor
Dempsey Benton, Secretary

Azzie Y. Conley, Chief
Tel: (919) 855-4620
Fax: (919) 715-3073

<http://www.ncdhs.gov/dhsr>

May 9, 2008

Dr. Stephen L. Oxley, CEO
John Umstead Hospital
1003 12th Street
Butner, NC 27509-1626

RE: Follow up survey and complaint investigation

Dear Dr. Oxley:

Thank you and your staff for the assistance and cooperation extended to the Acute Care team during the follow up survey to the outstanding Conditions and complaint investigation conducted April 23, 2008 through April 25, 2008. The purpose of conducting the survey was to evaluate the Hospital's compliance with the Federal Medicare Conditions of Participation for Hospitals and to follow up the outstanding Conditions of Participation. As discussed in the exit conference, the State Agency is recommending correction to the following outstanding Conditions: 482.12 Governing Body, 482.13 Patient Rights and 482.41 Physical Environment as of April 25, 2008. Also discussed during the exit based on the findings of the complaint investigation standard level deficiencies were identified in 482.23 Nursing Services and 482.25 Pharmacy.

I have enclosed the form CMS 2567 "Statement of Deficiencies" containing the cited deficiencies. This form will be made available to the public under the disclosure of survey provisions. A plan of correction should be submitted detailing how each deficiency will be corrected and include the following:

- (a) A description of the correction action(s) and the systems that have been or will be implemented to correct the deficiency.
- (b) A description of the monitoring system that has been or will be implemented including the person(s) responsible for the monitoring to assure compliance; and
- (c) The date by which all correction actions will be completed and the monitoring system will be in place (the date should be no later than 60 days from the date of the survey).

The enclosed form CMS 2567, with the plan of correction added, must contain an original signature and date, and be returned **WITHIN 10 WORKING DAYS OF RECEIPT**. The plan of correction will be reviewed and if additional information is needed we will contact you. Should you have questions concerning the deficiencies, please do not hesitate to call me at (919) 855-4620.

Sincerely,

Cecilia Boone

Cecilia Boone, RN
Facility Survey Consultant
Acute and Home Care Licensure and Certification Section

Enclosures: 2567

